



10-11-07

1615

PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/057,839	
	Filing Date	January 25, 2002	
	First Named Inventor	Zalipsky et al.	
	Art Unit	1615	
	Examiner Name	Kishore, Gollamudi S.	
Total Number of Pages in This Submission	2	Attorney Docket Number	55325-8167.US04

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 1. Transmittal (1 page) 2. Request for Withdrawal as Attorney (1 page)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Perkins Coie LLP		
Signature			
Printed name	Judy M. Mohr		
Date	October 8, 2007	Reg. No.	38,563

Express Mail Label No. EM 099 802 932 US



PTO/SB/83 (01-06)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/057,839
Filing Date	January 25, 2002
First Named Inventor	Zalipsky et al.
Art Unit	1615
Examiner Name	Kishore, Gollamudi S.
Attorney Docket Number	55325-8167.US04

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: In an email dated 9/11/2007, the client has requested that this case be transferred to another law firm shown below.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number: **OR**☒ Firm or Individual Name **Robins & Pasternak LLP**

Address	1731 Embarcadero Road, Suite 230				
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Signature					
Name	Judy M. Mohr		Registration No.	38,563	
Date	October 8, 2007		Telephone No.	650-838-4300	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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